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INTERNATIONAL APPLICATION PUBLISHED UNDER THE PATENT COOPERATION TREATY (PCT)

<p>(51) International Patent Classification ⁵ : A61F 13/00, A61B 17/00</p>	<p>A1</p>	<p>(11) International Publication Number: WO 94/27535 (43) International Publication Date: 8 December 1994 (08.12.94)</p>
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<p>(54) Title: IMPLANTABLE PROSTHESIS AND METHOD AND APPARATUS FOR LOADING AND DELIVERING AN IM-PLANTABLE PROSTHESIS</p> <div data-bbox="422 1134 1218 1638"></div> <p>(57) Abstract</p> <p>An implantable prosthesis and device and method for loading and delivering the implantable prosthesis to a trocar cannula. The implantable prosthesis includes a body portion sufficient to extend across and occlude a defect opening and a semi-rigid ring for supporting the body portion. The implantable prosthesis may be provided with a sufficient hoop strength to prevent the body portion from collapsing into the defect opening. A loading and delivery tool (200) includes a main body (202) with a lumen (204) sized to collapse the implantable prosthesis (205). An elongated shaft (206) is rotatable to wind the implant into a slender configuration and axially moveable to advance the rolled-up implant into the trocar cannula. A cartridge (210) extends from the main body and holds the implant in a normal expanded configuration.</p>		

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IMPLANTABLE PROSTHESIS AND METHOD AND APPARATUS
FOR LOADING AND DELIVERING AN IMPLANTABLE PROSTHESIS

FIELD OF INVENTION

The present invention relates to an implantable prosthesis and a method and apparatus for loading and delivering the implantable prosthesis.

BACKGROUND OF THE INVENTION

Various implants have been proposed for repairing abdominal wall defects such as direct and indirect inguinal hernias. Inguinal hernias occur when the peritoneum (lining of the abdominal cavity) and bowel pass into the inguinal canal through a hole in the innermost muscle layer called the transversalis fascia. An indirect hernia forms when a portion of the intestine passes through the internal ring and courses obliquely down the inguinal canal. A direct hernia involves the rupture of the inguinal canal floor adjacent the internal ring. An indirect hernia is marked by a long tube-shaped defect while a direct hernia is identified by a shallow hole.

Classical repair of inguinal hernias (reparative herniorrhaphy) requires a two inch or longer incision through the abdominal wall. The many layers of healthy tissue are then retracted by the physician to expose the void. The healthy muscle and tissue which have been incised to reach the rupture site require a long period of recovery (six days or longer) and result in substantial postoperative pain.

A laparoscopic hernia repair technique recently proposed uses an illuminating optical instrument (laparoscope) which is inserted through a thin tube (trocar cannula) in the abdominal wall to visualize the interior of the abdominal cavity. The entire surgical procedure takes place using special surgical tools manipulated through additional cannulae extending through the abdominal wall. Laparoscopic surgery minimizes patient discomfort and recovery time,

allows diagnosis without invasive surgery and lessens the risk of traumatic injury to the abdominal tissues.

Various mesh prostheses have been proposed for use in laparoscopic hernia repair. Representative are the mesh fabric logs or plugs 5 illustrated in Fig. 1 which are formed by rolling sheets of mesh into cylinders and then suturing the ends. The logs are inserted into the defect 6 until the void is filled. A larger flat piece of mesh 7, commonly referred to as an onlay patch, is placed over the herniated opening, holding the logs in place. The mesh materials become bound in place as tissue grows through the fabric.

The use of mesh logs or plugs may suffer from certain deficiencies. Overstuffing of the void may lead to occlusion of a testicular vessel and, potentially, testicular swelling or atrophy. Further, the mesh logs may cause a bulky protrusion which the patient can feel, although the sensation should decrease over time. Lastly, the use of customized plugs and logs does not lend itself to a standardized surgical procedure.

A composite mesh prosthesis suitable for use in classical and laparoscopic surgery is disclosed in commonly assigned application no. 846,131, entitled "Composite Mesh Prosthesis And Method For Limiting The Incidence Of Postoperative Adhesions", the disclosure of which is specifically incorporated herein by reference. The composite implant includes a tissue infiltratable fabric and an adhesion barrier which isolates the inflammatory mesh from sensitive tissue such as the abdominal viscera.

Various tools have been proposed in the art for loading and delivering the mesh implants through the trocar cannula and into the abdominal cavity. In the case of the mesh logs, typically one end of the log is held by a grasper which is then retracted into the lumen of an introducer tube. The rear-end loaded introducer and grasper are inserted into and through the trocar cannula. That technique may have certain disadvantages including the need to coordinate a separate

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introducer and grasper instrument to collapse the implant and then deliver the implant to the hernia site.

Accordingly, the prior art lacks a mesh implant suitable for laparoscopic repair which effectively occludes the hernia defect without stuffing the void. The prior art also lacks a single and efficient tool for collapsing and delivering an implant through a trocar cannula to a defect site.

SUMMARY OF THE INVENTION

The present invention is a laparoscopically deliverable implant and a system for loading and delivering the implant through a laparoscopic cannula. The implantable prosthesis is formed of a biologically compatible, flexible implantable material suitable for reinforcing tissue and closing tissue defects, particularly in the abdominal cavity and a semi-rigid ring which supports the material in a predetermined shape, improving handleability. The ring also imparts sufficient hoop strength to the implant, preventing the material from collapsing into the rupture site after emplacement.

In one embodiment of the invention, the implant includes a circular piece of knitted polypropylene monofilament mesh fabric attached to a circular ring of polypropylene. Antimigration barbs on the bottom of the ring prevent movement of the implant as the tissue grows through the mesh.

In another embodiment of the invention, spaced portions of mesh extend beyond the ring providing sites for stapling to healthy tissue surrounding the herniated area.

In a further embodiment, the mesh is covered with a barrier material which isolates the inflammatory fabric from sensitive tissue such as the abdominal viscera. The edges of the barrier material overlying the mesh fabric are liftable, allowing the underlying anchoring portions of mesh to be secured to neighboring tissue.

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The present invention also includes a device for loading and delivering the mesh implant to a trocar cannula emplaced in the abdominal cavity. A main body is provided with a lumen for reducing the implant into a narrower cylindrical configuration. An introducer shaft winds the implant within the lumen and then advances the collapsed implant from the delivery tool, through the trocar cannula and into the abdominal cavity. A cartridge holds the prosthesis in its normal expanded configuration until the surgeon is ready to implant the device.

It is among the general objects of the invention to provide a mesh implant which is suitable for laparoscopic herniorrhaphy.

It is a further object of the invention to provide a mesh implant for repairing direct and indirect inguinal hernias.

It is a further object of the invention to provide a mesh implant which reduces the incidence of postoperative adhesions.

An additional object of the invention is to provide an instrument for loading and delivering the mesh implant at the surgical site.

Other objects and features of the present invention will become apparent from the following detailed description when taken in connection with the accompanying drawings which disclose multiple embodiments of the invention. It is to be understood that the drawings are designed for the purpose of illustration only and are not intended as a definition of the limits of the invention.

DESCRIPTION OF THE DRAWINGS

The foregoing and other objects and advantages of the invention will be appreciated more fully from the following drawings in which:

Fig. 1 is an illustration of prior art mesh logs or plugs used to repair direct and indirect inguinal hernias;

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Fig. 2(a) is an illustration of the implant in accordance with the present invention;

Fig. 2(b) is an illustration of a preperitoneal repair using the mesh implant shown in Fig. 2(a);

Figs. 3(a)-(i) are illustrations of variously shaped antimigration barbs for preventing movement of the implant;

Fig. 4(a) is an illustration of an adhesion resistant implant according to the present invention;

Fig. 4(b) is an illustration of an intraperitoneal repair using the implant shown in Fig. 4(a);

Figs. 5(a)-(b) are illustrations of the loading and delivery tool in accordance with the present invention;

Fig. 6 is an illustration of a loading and delivery tool in accordance with the present invention with an arrangement for arresting axial movement of the shaft; and

Figs. 7(a)-(c) are schematic representations of a method of loading and delivering a mesh implant to repair an inguinal hernia.

DESCRIPTION OF THE PREFERRED EMBODIMENTS

The implantable prosthesis 10 for repairing and reinforcing a ruptured or defective muscular wall illustrated in Figs. 2(a)-2(b) includes a pliable tissue infiltratable fabric 12 and a semi-rigid frame 14. The fabric includes a plurality of openings which allow sufficient tissue ingrowth to secure the prosthesis to healthy tissue surrounding the defect site. The frame or skeleton is more rigid than the fabric and maintains the prosthesis in a predetermined shape, improving the handleability of the mesh implant at the surgical site. The frame also may provide the implant with a sufficient hoop strength to prevent the mesh fabric from collapsing into the defect. In the repair of inguinal hernias, the semi-rigid frame seats against the sound abdominal tissue 16 surrounding the defect 17, the tissue infiltratable fabric extending across the opening of the hernia without filling the void. In the preperitoneal

procedure illustrated, the implant 10 is anchored under the peritoneum 18.

The relatively flat implant is sufficiently pliable to allow the surgeon to roll the implant into a narrow cylinder which is suitable for loading into the lumen of a trocar cannula. Upon deployment, the implant reverts back to its normal flat configuration. Alternatively, the unstressed implant may be formed with a slight convexity or concavity. The shape and size of the prosthesis, and of the respective fabric and frame, may vary according to the surgical application as would be apparent to those of skill in the art.

The tissue infiltratable fabric 12 includes a plurality of interstices or pores which are of sufficient size and orientation to allow tissue ingrowth. The frame has a predetermined shape and size sufficient to support the mesh relative to the herniated site, the frame sitting on the sound tissue surrounding the defect and the body portion of fabric extending completely across the opening of the defect. Preferably, the frame is ring-shaped, providing the implant with an inherent hoop strength which prevents the mesh from deflecting into the defect opening. The ring-shaped frame may be circular or elliptical, although alternative designs would include any shape which defines a boundary surrounding the opening of the hernia. For example, a square, diamond or hourglass configuration would be suitable so long as the ring surrounds the weakened area. The ring may be formed from a single element or, alternatively, from a series of spaced elements which together form a semi-rigid boundary about the body portion of the mesh fabric. Preferably, the ring has a rectangular cross-section, although other cross-sectional shapes would be suitable as would be apparent to those of skill in the art.

The rigidity of the ring relative to the mesh fabric stiffens the implant, improving handleability particularly when awkward surgical tools are being used to manipulate the implant. Thus, non-ring shaped frames, such as a

criss-crossed arms configuration, would provide the necessary stiffness although such frames would lack the favorable hoop strength property of the circular or oval shaped frames.

The frame 14 is preferably attached to the fabric by insert molding. The mesh fabric may be surface treated with a carbon dioxide plasma etch prior to molding which may enhance the union of the mesh and the ring when formed from dissimilar materials. Alternatively, the ring and mesh may be ultrasonically welded, heat sealed or adhesively bonded. The frame may be overlayed onto a surface of the mesh fabric or may be joined to the fabric edges.

The fabric 12 preferably is formed of a sheet of knitted polypropylene monofilament mesh fabric such as Marlex® mesh available from C.R. Bard, Inc. When implanted, the polypropylene mesh stimulates an inflammatory reaction which promotes rapid tissue ingrowth into and around the mesh structure. Alternatively, other surgical materials which are suitable for tissue reinforcement and/or defect closure may be utilized including Prolene®, Merselene®, Dacron®, Teflon® textile based meshes, microporous polypropylene sheeting (Celgard®), and expanded PTFE (Goretex®). Absorbable meshes, including polyglactin (Vicryl®) and polyglycolic acid (Dexon®), may be suitable for applications involving temporary repair of fascial defects. It also is contemplated that the mesh fabric may be formed from monofilament or multifilament yarns and that woven, molded and other recognized methods of forming prosthetic mesh materials would be suitable.

Non-tissue infiltratable fabrics also may be supported by the ring-shaped frame. Silicone elastomer sheeting, such as Silastic® Rx Medical Grade Sheeting (Platinum Cured) distributed by Dow Corning Corporation, would be suitable. The silicone elastomer sheeting may be reinforced with Dacron® or other reinforcing materials. It is contemplated that oxidized, regenerated cellulose (Intercede(TC7)) also may have applications in the present invention.

The ring 14 may be formed from a polypropylene material or a silicone material. Other semi-rigid materials which are stiffer than the mesh fabric yet sufficiently pliable to be rolled-up in the delivery lumen also may be suitable. Alternatively, the ring may be formed by hot or cold forming a ring-shaped depression in the mesh sheet. The formed pattern is more rigid than the non-formed body portion of the mesh, providing a stiffer implant with improved handleability. Building up the edges of the body portion with additional mesh material, for example, by superposing rings of mesh around the body portion or heat setting folds of mesh from outlying portions of the fabric, also would increase the dimensional stability of the implant.

The implant 10 may include spaced barbs 22 for preventing migration of the implant until tissue infiltration securely anchors the mesh relative to the rupture site. The barbs grab, pierce or otherwise anchor to the tissue and include a variety of shapes as shown in Figs. 3(a)-(i). The barbs preferably are uniformly spaced about the ring and may be integrally molded with the ring.

In a representative embodiment, the implant includes a 2.125 inch diameter circular piece of die-cut Marlex® mesh knit from Marlex polypropylene monofilament with a 0.006 inch diameter. A 0.030 inch thick and 0.28 inch wide circular polypropylene ring having a 2.125 inch outer diameter and a 1.980 inch inner diameter is insert molded to the Marlex® sheet.

An implant 30 particularly suited for intraperitoneal procedures is illustrated in Figs. 4(a)-(b) and includes a semi-rigid ring 32, a mesh fabric 34 formed of a material which stimulates an inflammatory reaction in tissue after implantation and an adhesion barrier 36 which isolates the mesh fabric 34 from sensitive tissues and organs. In an intraperitoneal procedure, the peritoneum 35 is located under the implant and therefore is not available to provide a biological barrier between the implant and the intestine.

The barrier layer 36 separates the prosthetic mesh 34 from the abdominal viscera, preventing intestinal adhesion and fistulization which may result from an inflammatory reaction of the bowel and the mesh. A suitable barrier material would be a silicone elastomer, such as Silastic®, which does not substantially stimulate adhesion formation when implanted in tissue and is significantly less likely to cause an inflammatory reaction with neighboring tissue than would a prosthetic mesh.

The portions of the Marlex® mesh fabric extending outside the ring form ears or anchoring projections 38 through which staples 40 may be driven to secure the implant to the fascia. Stapling of the ears serves the same function as the antimigration barbs, provisional anchoring of the implant until full tissue invasion of the prosthetic mesh. The barrier layer 36 and prosthetic mesh are bonded or sewn to the ring 32. The edges 41 of the barrier outside of the ring which are not directly connected to the underlying mesh or the ring, may be lifted to allow stapling of the anchoring portions 38 to the peritoneum, provisionally anchoring the implant until sufficient tissue ingrowth holds the prosthesis in place. Upon release, the barrier margin 41 falls back over the staple and anchoring portions, providing a non-scarifying barrier between the implant and the bowel. In an alternative arrangement, the barrier and mesh may be directly attached with the ring formed along either of the mesh or barrier surfaces.

The mesh implants are too large to be inserted through the lumen of a trocar cannula. An instrument 200 for loading the implant into a narrower configuration and then delivering the implant through the trocar cannula and into the abdominal cavity is illustrated in Figs. 5(a)-(b). By loading the implant at the surgical site, rather than providing the implant in a pre-rolled configuration within the instrument 200, a permanent setting or deformation of the implant is avoided. Such a kinked implant may not seat flush with the

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abdominal wall and might provide localized areas of weakness which could lead to recurrent herniation.

The loading and delivery instrument 200 includes a main body 202 having a lumen 204 for receiving and collapsing the implant 205 into a slender rolled configuration which is advanceable through the lumen of the trocar cannula. An elongated introducer shaft 206 is rotated, by turning a knurled knob 203, which winds the implant in the lumen into a narrow cylindrical configuration. After the implant is reduced in size, the stepped distal end 207 of the main body is inserted into the proximal end of the previously placed trocar cannula. The proximal end 209 of the elongated shaft (outside of the trocar cannula) is manipulated to advance the implant from the main body, through the trocar cannula and into the abdominal cavity. No longer confined by the lumen walls of the main body and the trocar cannula, the implant unfurls into its relaxed flat configuration. Rotating the shaft 206 in the direction opposite the one used in winding should facilitate deployment of the implant. Instruments inserted through additional trocar cannulae may then be manipulated by the surgeon to position the implant about the herniated area.

The main body 202 includes a uniform diameter central lumen 204 which is sized to reduce the implant to a predetermined diameter compatible with the trocar cannula lumen. A cartridge 210 extends from the main body and includes a floor on which the implant, in the expanded form, is seated in readiness for loading and delivery. The cartridge 210 may be formed integral with the main body or may be removably connected thereto. A door 220 in the top of the cartridge may be provided for access to the implant, for example, to check the integrity of the implant. Tabs 211 on the cartridge floor align the full-sized implant with an opening 212 in the main body.

The edge of the implant is threaded to a slot 213 at the distal end of the shaft which may be tapered to facilitate

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reception of the edge of the implant. A projection may be provided at the base of the slot 213 to pinch or grasp the implant, securing the implant and shaft during initial rotation. A pin extends from the knob 203 into a longitudinal groove in shaft 206, imparting rotational movement to the shaft as the knob is turned. An enlarged bulbous tip stabilizes the distal end of the shaft relative to the main body. A cap at the proximal end of the shaft serves as a mechanical stop of forward axial movement.

Premature axial movement of the introducer shaft may produce a helically wound implant which is too large to travel through the main body or the trocar cannula. An arrangement for arresting axial movement during rotation of the shaft is illustrated in Fig. 6. External control threads 230 in the shaft 206 are engaged to internal threads 232 in the main body 202, limiting forward movement as the implant is wound about the shaft. The number, shape and angle of the threads would vary depending upon the number of rotations of the shaft necessary to completely wind the implant.

The loading and delivery of the implantable prosthesis is shown in Figs. 7(a)-(c). While the operation of the invention is discussed in connection with the repair of an indirect inguinal hernia, a similar loading and delivery procedure would be followed for the repair of a direct inguinal hernia and other muscle wall defects. A laparoinflator is inserted through a small puncture in the abdomen near the navel. Carbon dioxide or other insufflating gas is introduced under pressure until the abdominal cavity is sufficiently inflated to allow the surgical tools to be manipulated relative to the hernia site. A sharp point of a trocar is used to form an opening through the distended abdominal wall. The trocar is withdrawn, leaving a hollow trocar cannula 300 in the newly formed passageway. A 45° laparoscope is inserted through the cannula and is connected to a television monitor which allows the surgeon to view the interior of the abdominal cavity and to assess the location,

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type and size of the defect. Additional cannulae are inserted through bilateral punctures in the abdominal wall. Graspers and electrocautery tools are manipulated through these cannulae to dissect the hernia sac, if indicated, and to prepare the hernia site for the implant.

A loading and delivery tool 302 carrying a suitably sized implant is removed from its sterilized packaging. The reduced diameter distal end is inserted into one of the previously emplaced trocar cannula. Rotation of the shaft draws the expanded flat implant from the cartridge into the main body lumen where it becomes wrapped around the shaft surface. The collapsed implant is guided towards the abdominal cavity by advancing the proximal end of the elongated shaft. The implant reverts to its expanded configuration upon exiting the trocar cannula. Instruments are manipulated by the surgeon to position the ring of the implant around the opening of the defect. A grasper or other tool may be used to press the ring against the muscle, securing the antimigration barbs to the healthy tissue surrounding the rupture. The inherent hoop strength of the implant prevents the mesh portion from collapsing into the void. Tissue growth through the mesh fabric extending across the opening is rapid, particularly when the mesh is formed of a material which stimulates an inflammatory reaction with tissue. In a matter of days, if not hours, tissue infiltration of the mesh secures the implant in place, repairing the herniated defect.

The present invention therefore provides an implantable prosthesis and a method and device for loading and delivering the prosthesis, amongst which are certain of the following advantages. The mesh implants provide an effective means for repairing an indirect or direct inguinal hernia by occluding the opening of the defect without requiring that the entire void be filled. The pliable prosthesis is rollable into a configuration which is small enough to be inserted through a laparoscopic cannula, yet is sufficiently resilient to revert

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to the normal expanded configuration which is required to evenly cover the herniated site. The increased dimensional stability of the implant enhances handleability of the mesh fabric during laparoscopic surgery. The delivery tool provides a simple and quick system for loading and delivering the implant to the abdominal cavity at the surgical site.

It should be understood that the foregoing description of the invention is intended merely to be illustrative thereof and that other equivalents, embodiments and modifications of the invention may be apparent to those skilled in the art.

We claim:

CLAIMS

1. An implantable prosthesis for occluding the opening of a tissue or muscle defect, comprising:

a pliable implantable material having at least a first portion constructed and arranged to cover the opening of the defect;

an implantable frame constructed and arranged to circumscribe said at least first portion, said frame being stiffer than said at least first portion;

means for attaching said pliable implantable material to said frame so that said at least first portion is disposed within said frame;

said implantable prosthesis having a sufficient hoop strength to limit the deflection of said first portion into the defect opening when said frame is positioned relative to the tissue or muscle defining the defect opening.

2. The implantable prosthesis recited in claim 1 wherein said pliable implantable material includes a material having a plurality of interstices constructed and arranged to allow tissue ingrowth so that said material becomes secured to neighboring tissue after implantation.

3. The implantable prosthesis recited in claim 1 wherein said implantable prosthesis has a first substantially flat configuration, said first configuration being selectively formable into a three-dimensional second configuration, said implantable prosthesis being automatically revertable from said three-dimensional second

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configuration to said first substantially flat configuration when relaxed.

4. The implantable prosthesis recited in claim 3 wherein said second three-dimensional configuration includes a substantially cylindrical configuration.

5. The implantable prosthesis recited in claim 1 wherein said pliable implantable material includes an implantable mesh fabric.

6. The implantable prosthesis recited in claim 1 wherein said pliable implantable material includes a knitted polypropylene monofilament mesh material.

7. The implantable prosthesis recited in claim 1 wherein said implantable frame includes a single member.

8. The implantable prosthesis recited in claim 1 wherein said implantable frame includes a plurality of spaced members.

9. The implantable prosthesis recited in claim 1 wherein said implantable frame includes a portion of said pliable implantable material.

10. The implantable prosthesis recited in claim 9 wherein said portion of said pliable implantable material includes a cold formed pattern in said pliable implantable material.

11. The implantable prosthesis recited in claim 9 wherein said portion of said pliable implantable material includes a hot formed pattern in said pliable implantable material.

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12. An implantable prosthesis for occluding the opening of a tissue or muscle defect, comprising:

a pliable implantable mesh fabric having a plurality of interstices constructed and arranged to allow tissue ingrowth so that said implantable mesh fabric becomes secured to neighboring tissue after implantation, said implantable mesh fabric including a body portion constructed and arranged to cover the defect opening when positioned thereagainst; and

a ring of implantable material attached to and circumscribing said body portion, said implantable ring being stiffer than said body portion of said implantable mesh fabric.

13. The implantable prosthesis recited in claim 12 wherein said implantable prosthesis has a sufficient hoop strength to limit the deflection of said body portion when said implantable ring is positioned relative to the tissue or muscle defining the defect opening.

14. The implantable prosthesis recited in claim 12 wherein said pliable implantable ring is formed of a silicone containing material.

15. The implantable prosthesis recited in claim 12 wherein said pliable implantable ring is formed of a polypropylene containing material.

16. The implantable prosthesis recited in claim 12 wherein said pliable implantable ring has a substantially rectangular cross-section.

17. The implantable prosthesis recited in claim 12 wherein said pliable implantable ring includes a circular shape.

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18. The implantable prosthesis recited in claim 12 wherein said pliable implantable ring includes an elliptical shape.

19. The implantable prosthesis recited in claim 12 wherein said pliable implantable ring includes a polygonal shape.

20. The implantable prosthesis recited in claim 12 wherein said implantable prosthesis has a flat configuration.

21. The implantable prosthesis recited in claim 12 wherein said implantable prosthesis has a concave configuration.

22. The implantable prosthesis recited in claim 12 wherein said implantable prosthesis has a convex configuration.

23. An implantable prosthesis for occluding the opening of a muscle or tissue defect, comprising:

an implantable material including a body portion constructed and arranged to cover the defect opening when positioned thereagainst;

an implantable base attached to and circumscribing said body portion;

a plurality of barbs extending at spaced locations from said implantable base, wherein said plurality of spaced barbs prevent migration of said implantable prosthesis after implantation.

24. The implantable prosthesis recited in claim 23 wherein said implantable material includes a mesh fabric

having a plurality of interstices constructed and arranged to allow tissue ingrowth so that the mesh becomes secured to neighboring tissue.

25. The implantable prosthesis recited in claim 23 wherein said plurality of spaced barbs extend perpendicularly from said pliable implantable base.

26. The implantable prosthesis recited in claim 23 wherein said plurality of spaced barbs have a semi-circular cross-sectional shape.

27. The implantable prosthesis recited in claim 23 wherein said plurality of spaced barbs have a triangular cross-sectional shape.

28. The implantable prosthesis recited in claim 23 wherein said plurality of spaced barbs have a pointed distal tip.

29. The implantable prosthesis recited in claim 23 wherein said plurality of spaced barbs are integrally formed with said implantable base.

30. The implantable prosthesis recited in claim 23 wherein said plurality of spaced barbs are uniformly spaced about said implantable base.

31. An implantable prosthesis for occluding the opening of a muscle or tissue defect, comprising:

a substantially circular sheet of pliable implantable mesh fabric having a plurality of interstices constructed and arranged to allow tissue ingrowth so that the pliable implantable mesh fabric becomes secured to neighboring tissue after implantation, said pliable circular sheet of

implantable mesh fabric stimulating an inflammatory response when implanted in tissue; and

a substantially circular ring of implantable material constructed and arranged to circumscribe the defect opening and attached to said substantially circular sheet of pliable implantable mesh fabric, said substantially circular ring being more rigid than said substantially circular sheet of pliable implantable mesh fabric.

32. The implantable prosthesis recited in claim 31 wherein said implantable prosthesis has a sufficient hoop strength to limit the deflection of said substantially circular sheet of pliable implantable mesh fabric into the defect opening when said ring of implantable material is positioned relative to the tissue or muscle defining the defect opening.

33. The implantable prosthesis recited in claim 31 wherein said pliable implantable mesh fabric which stimulates an inflammatory response when implanted in tissue includes a knitted polypropylene monofilament mesh material.

34. The implantable prosthesis recited in claim 31 further including a pliable flat sheet of barrier material which does not substantially stimulate the formation of postoperative adhesions, said pliable flat sheet of barrier material and said pliable implantable mesh fabric being supported in a face-to-face relationship.

35. The implantable prosthesis recited in claim 34 wherein said pliable flat sheet of barrier material and said pliable implantable mesh fabric are attached along opposing surfaces.

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36. The implantable prosthesis recited in claim 34 wherein said substantially circular implantable ring is disposed between said pliable flat sheet of barrier material and said pliable implantable mesh fabric.

37. The implantable prosthesis recited in claim 36 wherein said pliable flat sheet of barrier material and said pliable implantable mesh fabric are attached to said substantially circular implantable ring.

38. The implantable prosthesis recited in claim 37 wherein the perimeter of said pliable flat sheet of barrier material is larger than the perimeter of said pliable implantable mesh fabric.

39. An implantable prosthesis for occluding the opening of a muscle or tissue defect, comprising:

a pliable implantable sheet of mesh fabric having a plurality of interstices constructed and arranged to allow tissue ingrowth so that said pliable implantable sheet of mesh fabric becomes secured to neighboring tissue after implantation, said pliable implantable sheet of mesh fabric including a body portion constructed and arranged to cover the defect opening and a plurality of anchoring portions extending at spaced locations from said body portion for anchoring said implantable prosthesis to tissue surrounding the defect; and

an implantable hoop carried by said pliable implantable sheet of mesh fabric between said body portion and said plurality of anchoring portions, said implantable hoop being constructed and arranged to circumscribe the defect opening and being stiffer than said body portion.

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40. The implantable prosthesis recited in claim 39 wherein said implantable prosthesis has a sufficient hoop strength to limit the deflection of said body portion into the defect opening when said hoop is positioned relative to the tissue or muscle defining the defect opening.

41. The implantable prosthesis recited in claim 39 wherein said plurality of anchoring portions are co-planar with said body portion.

42. The implantable prosthesis recited in claim 39 wherein said plurality of anchoring portions are liftable relative to said implantable hoop.

43. The implantable prosthesis recited in claim 39 wherein said plurality of anchoring portions are uniformly spaced about said implantable hoop.

44. The implantable prosthesis recited in claim 39 wherein said implantable sheet of mesh fabric includes a substantially square shape and said hoop includes a substantially round shape, said hoop inscribing said implantable sheet of mesh fabric so that the portions of said implantable mesh fabric outside said hoop form said plurality of anchoring portions.

45. An implantable prosthesis for occluding the opening of a muscle or tissue defect, comprising:

an implantable sheet of mesh fabric having a plurality of interstices constructed and arranged to allow tissue ingrowth, said implantable sheet of mesh fabric including a body portion constructed and arranged to cover the defect opening and a plurality of anchoring portions extending from said body portion, said implantable sheet of mesh fabric stimulating an inflammatory reaction when implanted into tissue;

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a pliable sheet of barrier material which does not substantially stimulate the formation of postoperative adhesions;

means for attaching said pliable sheet of barrier material to said implantable mesh fabric so that portions of said pliable sheet of barrier material are pivotable to reveal said anchoring portions of said implantable sheet of mesh fabric but not said body portion.

46. An implantable prosthesis for occluding the opening of a muscle or tissue defect, comprising:

a sheet of implantable mesh material having a plurality of interstices constructed and arranged to allow tissue ingrowth, said implantable mesh fabric stimulating an inflammatory reaction when implanted into tissue;

a sheet of implantable barrier material which does not substantially stimulate the formation of postoperative adhesions, said implantable mesh material sheet and said implantable barrier material sheet being positioned in face-to-face relationship with the edges of said implantable barrier material sheet overlapping the edges of said implantable mesh material sheet;

an implantable ring attached to at least one of said implantable mesh material sheet and said implantable barrier material sheet, said implantable ring being more rigid than said implantable mesh material sheet and said implantable barrier material sheet and constructed and arranged to extend about the defect opening.

47. An implantable prosthesis for occluding the opening of a muscle or tissue defect, comprising:

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a pliable implantable sheet of mesh fabric having a plurality of interstices constructed and arranged to allow tissue ingrowth so that the pliable implantable sheet of mesh fabric becomes secured to neighboring tissue after implantation, said pliable implantable sheet of mesh fabric having a body portion constructed and arranged to cover the defect opening and a peripheral portion circumscribing said body portion which is stiffer than said body portion.

48. An apparatus for loading and delivering a pliable implantable prosthesis into a trocar cannula, the pliable implantable prosthesis having a first configuration larger than the lumen of the trocar cannula and being formable into a second configuration which is smaller than the lumen of the trocar cannula, said apparatus comprising:

an elongated body having a lumen extending therethrough and a longitudinal slot extending radially from said lumen through the surface of said elongated body, said elongated slot adapted to admit the implantable prosthesis in the first configuration and said lumen adapted to receive and maintain the implantable prosthesis in the second configuration;

a distal end of said elongated body constructed and arranged for mounting to the trocar cannula.

49. The loading and delivering apparatus recited in claim 48 further including a cartridge extending from said body for holding the implantable prosthesis in the first configuration.

50. The loading and delivering apparatus recited in claim 49 wherein said cartridge has an opening in communication with said slot, said cartridge opening adapted to admit the implantable prosthesis in the first configuration.

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51. The loading and delivering apparatus recited in claim 49 wherein said cartridge includes a base to which the implantable prosthesis is seatable.

52. The loading and delivering apparatus recited in claim 51 wherein said cartridge further includes an upstanding sidewall extending from said base.

53. The loading and delivering apparatus recited in claim 52 wherein said cartridge further includes a top extending from said upstanding sidewall.

54. The loading and delivering apparatus recited in claim 53 wherein said top further includes a door for providing selective access to the interior of said cartridge.

55. The loading and delivering apparatus recited in claim 51 wherein said base further includes a plurality of tabs for positioning the implantable prosthesis relative to said main body.

56. The loading and delivering apparatus recited in claim 49 wherein said cartridge is integrally molded to said main body.

57. The loading and delivering apparatus recited in claim 49 wherein said cartridge is removably connected to said main body.

58. The loading and delivering apparatus recited in claim 49 wherein said cartridge extends laterally from said main body.

59. The loading and delivering apparatus recited in claim 48 further including means for advancing the pliable implantable prosthesis in the second configuration through said main body lumen.

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60. The loading and delivering apparatus recited in claim 48 further including an elongated shaft axially and rotatably moveable in said body lumen.

61. The loading and delivering apparatus recited in claim 60 wherein said elongated shaft includes an opening adapted to threadably receive the implantable prosthesis.

62. The loading and delivering apparatus recited in claim 60 wherein an implantable prosthesis is releasably threaded to said elongated shaft.

63. The loading and delivering apparatus recited in claim 60 further including means for arresting axial movement of said elongated shaft during a predetermined number of rotations of said elongated shaft.

64. The loading and delivering apparatus recited in claim 60 wherein said elongated shaft includes a portion which is externally threaded and said main body portion includes a portion which is internally threaded.

65. A delivery apparatus for a trocar cannula, comprising:

a main body having a lumen extending therethrough and a distal end constructed and arranged for mounting to the trocar cannula;

an elongated introducer shaft axially moveable through said main body lumen; and

a pliable implantable prosthesis wound around said elongated introducer shaft, said wound pliable implantable prosthesis being moveable through said main body lumen.

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66. The trocar cannula delivery apparatus recited in claim 65 wherein said elongated introducer shaft is rotatably moveable in said body lumen.

67. The trocar cannula delivery apparatus recited in claim 65 wherein said pliable implantable prosthesis has a first configuration larger than said body lumen and a second configuration smaller than said body lumen.

68. A method of delivering an implantable prosthesis into the lumen of a trocar cannula, comprising:

winding an implantable prosthesis into a narrower configuration in the lumen of a delivery device;

mounting the delivery device to the trocar cannula;

advancing the narrowly configured implantable prosthesis from the delivery device into the trocar cannula lumen.

69. The method of delivering an implantable prosthesis recited in claim 68 wherein said winding step further comprises the step of feeding the implantable prosthesis into the delivery device in a direction perpendicular to the axis of the lumen.

70. The method of delivering an implantable prosthesis recited in claim 68 wherein the implantable prosthesis has a first expanded configuration and further comprising the step of storing the implantable prosthesis in the first expanded configuration prior to said winding step.

71. A method of repairing a defect in tissue or muscle, comprising:

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providing an implantable prosthesis having a first portion sufficient to extend across and occlude the opening of the defect and a second portion circumscribing the first portion which is more rigid than the first portion, the implantable prosthesis having a sufficient hoop strength to prevent the first portion from deflecting into the defect opening;

positioning the implantable prosthesis so that the second portion circumscribes the defect opening.

72. A pre-loaded disposable delivery tool for laparoscopic delivery of a mesh prosthesis comprising:

a tubular delivery device having a proximal end, a distal end and a passageway therethrough;

a storage chamber having a mesh prosthesis contained therein in a substantially planar configuration;

means for drawing said prosthesis into said passageway and for compacting said planar prosthesis into a narrower configuration adapted to be passed through said passageway;

means for advancing said compacted prosthesis through said passageway and out of said distal end;

said prosthesis being constructed and arranged to be sufficiently resilient so that, when unconfined, it will expand and revert from its compacted configuration toward its flat configuration.

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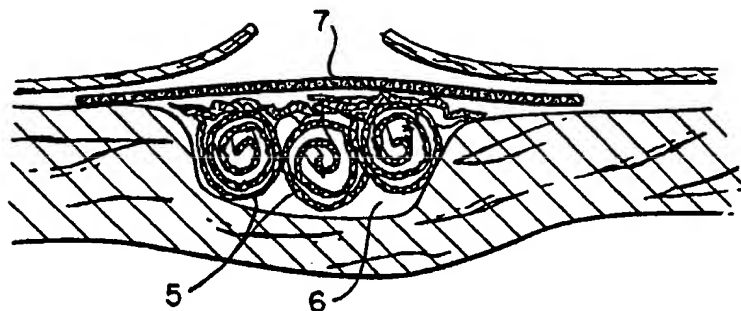


Fig. 1
(PRIOR ART)

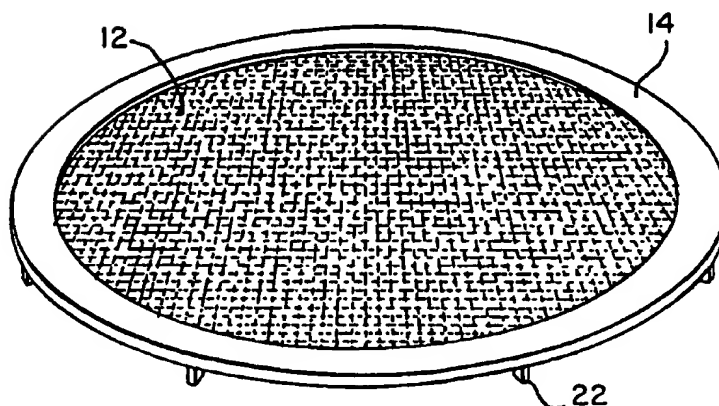


Fig. 2(a)

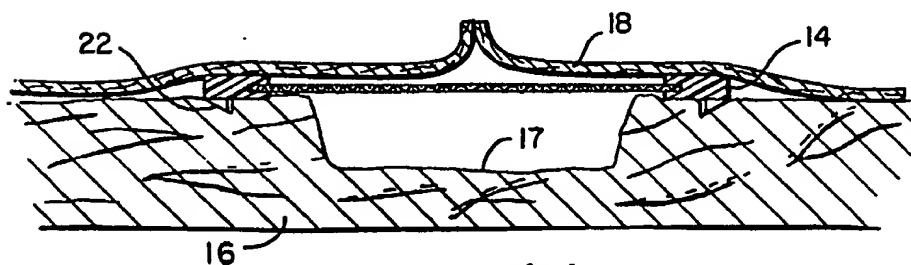


Fig. 2(b)

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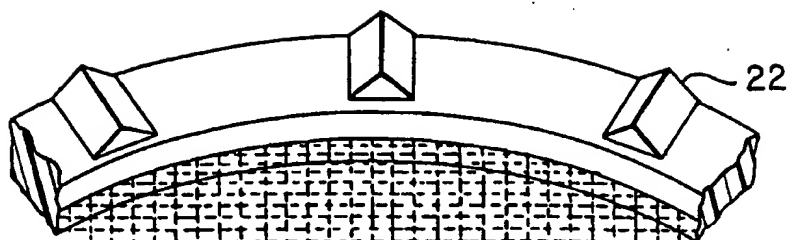


Fig. 3(a)

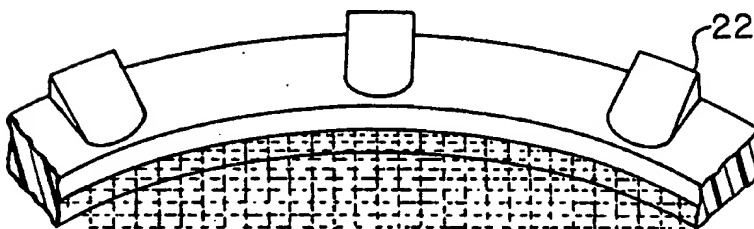


Fig. 3(b)

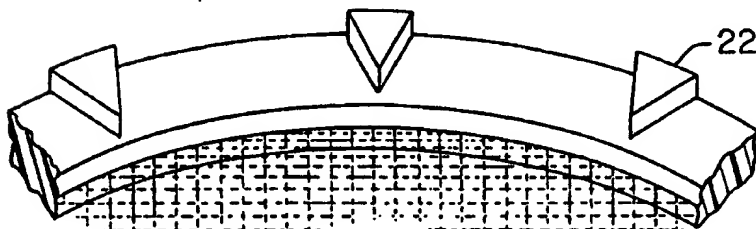


Fig. 3(c)

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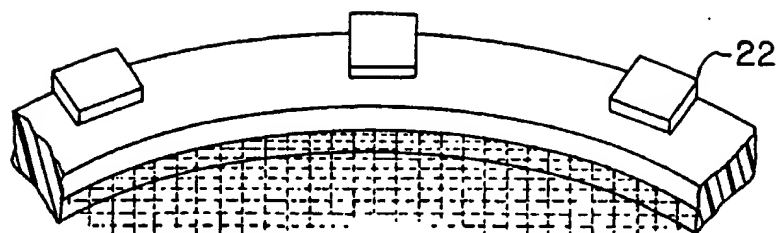


Fig. 3(d)

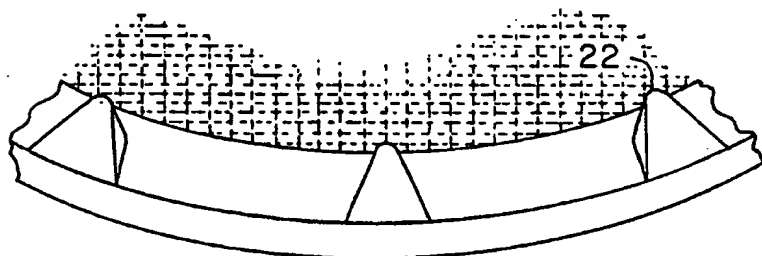


Fig. 3(e)

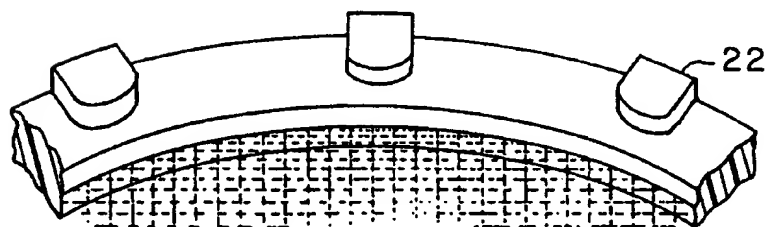


Fig. 3(f)

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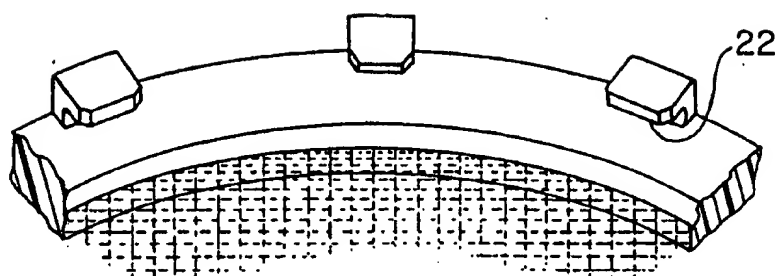


Fig. 3(g)

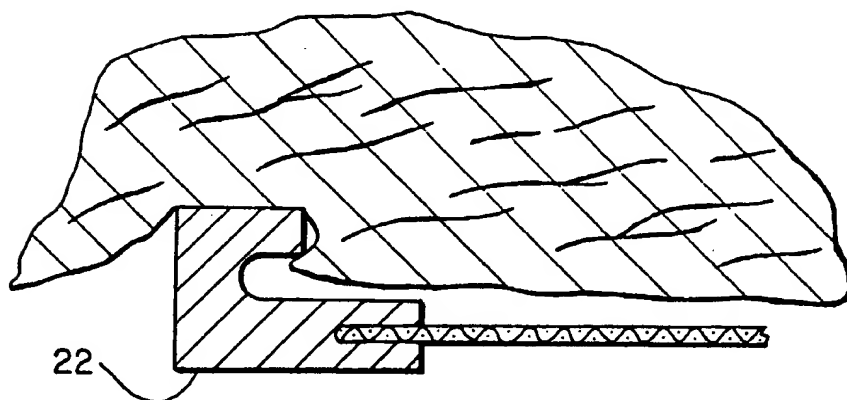


Fig. 3(h)

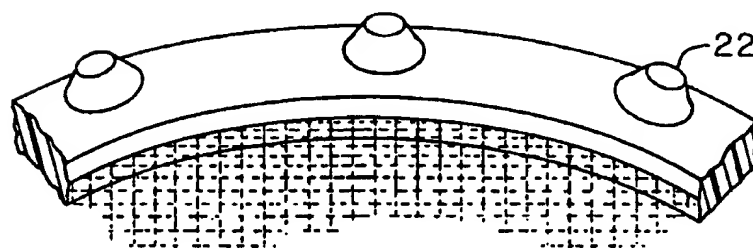
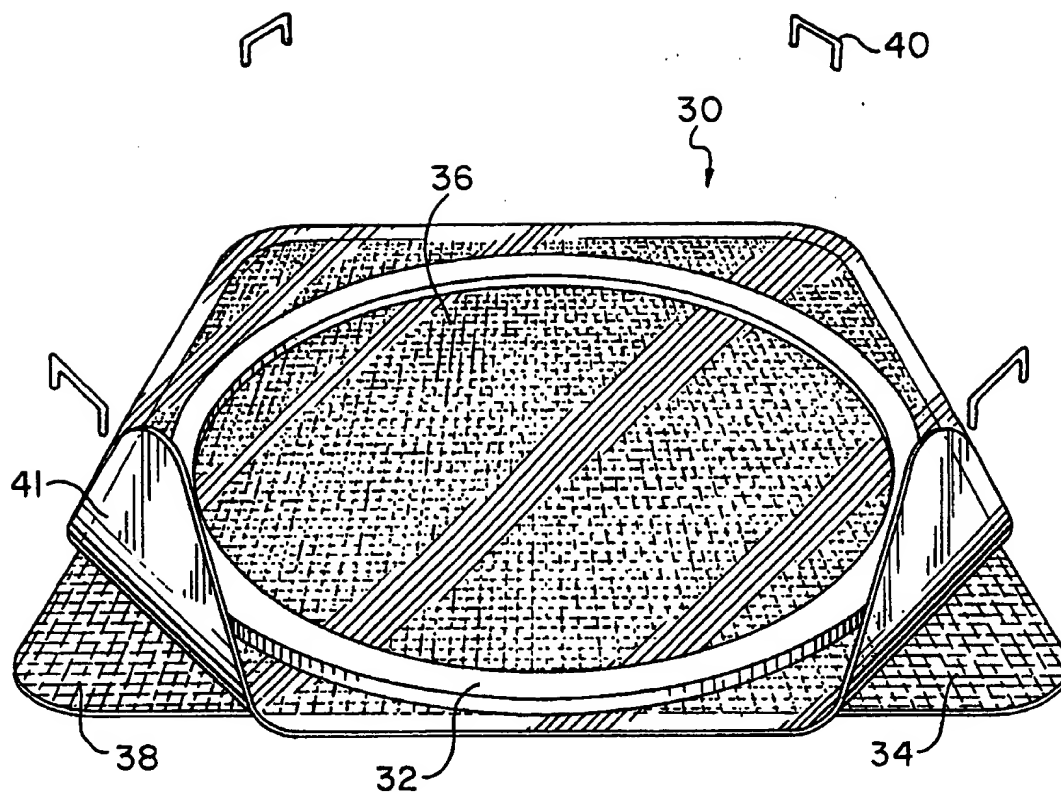
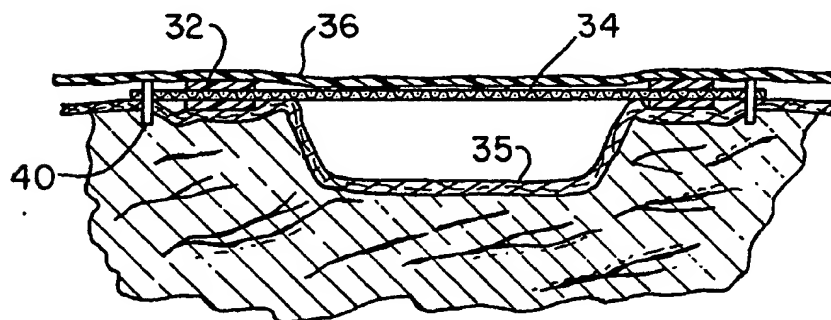


Fig. 3(i)

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*Fig. 4(a)**Fig. 4(b)*

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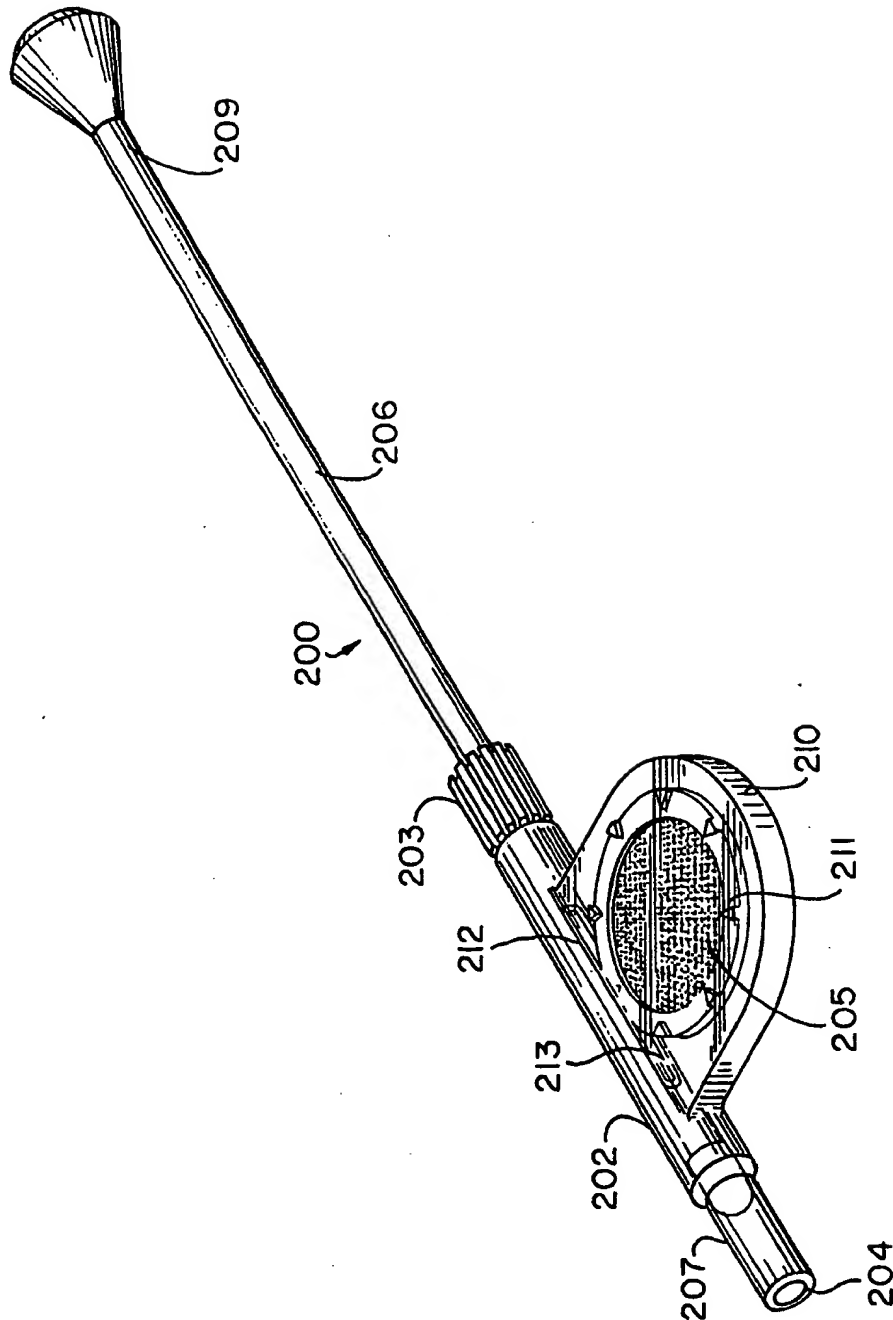


Fig. 5(a)

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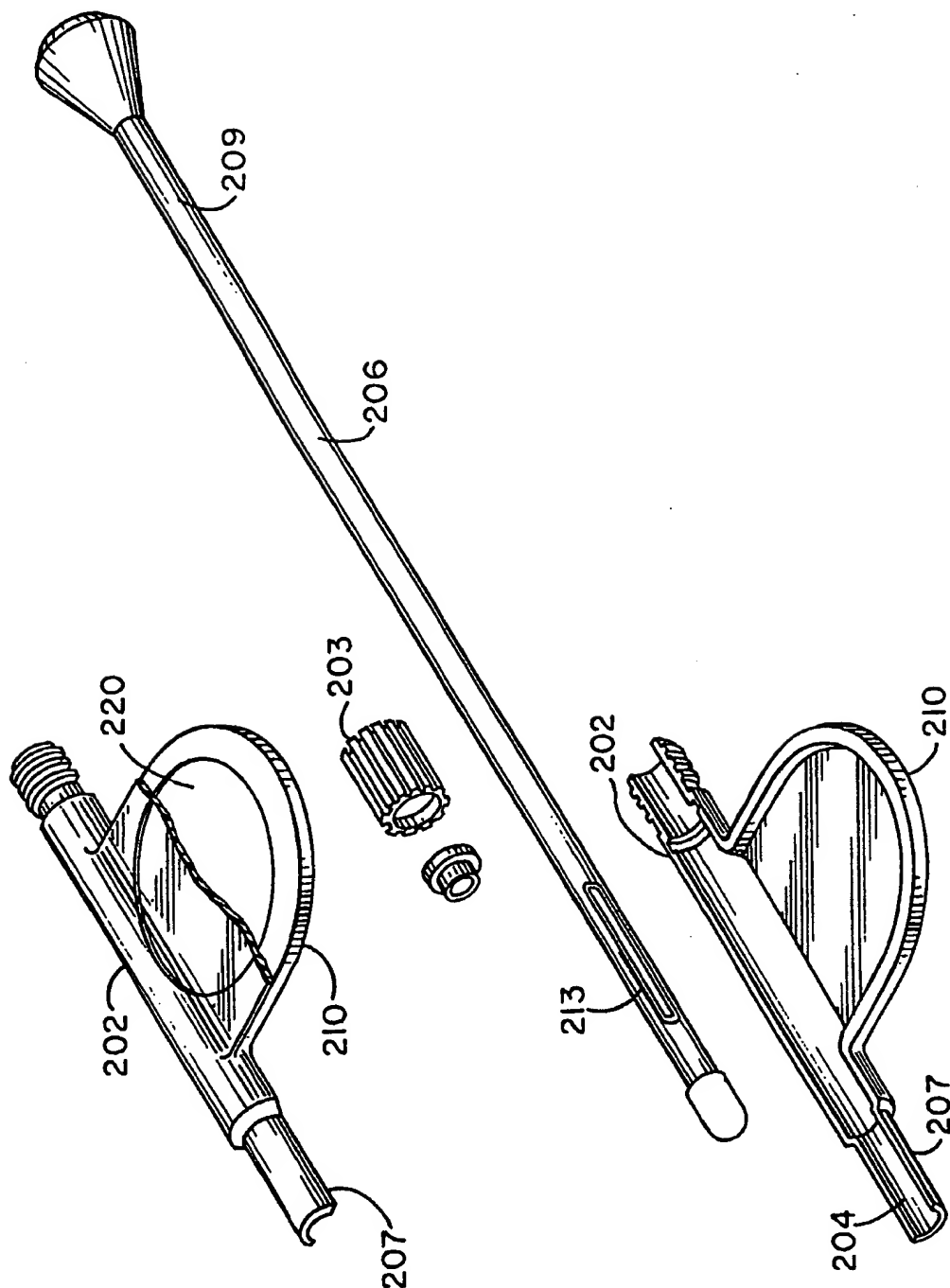


Fig. 5(b)

SUBSTITUTE SHEET

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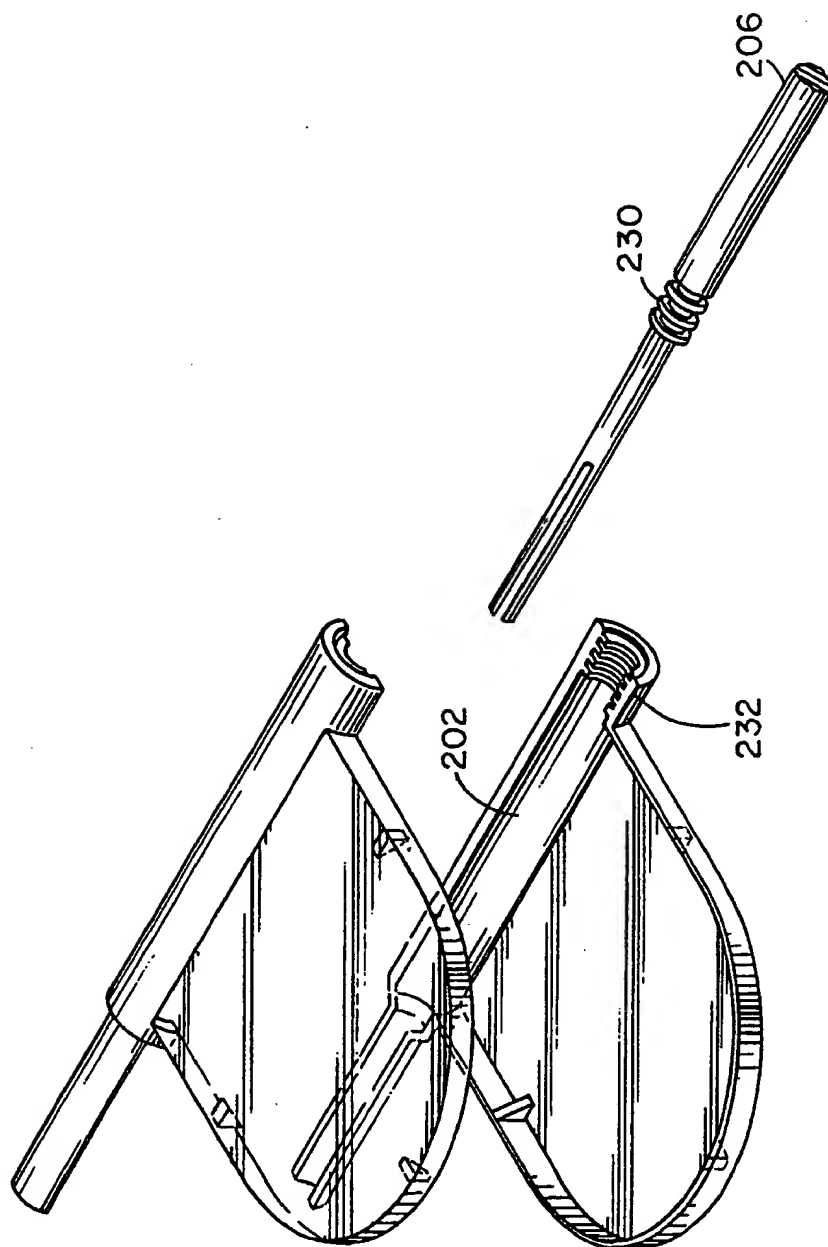


Fig. 6

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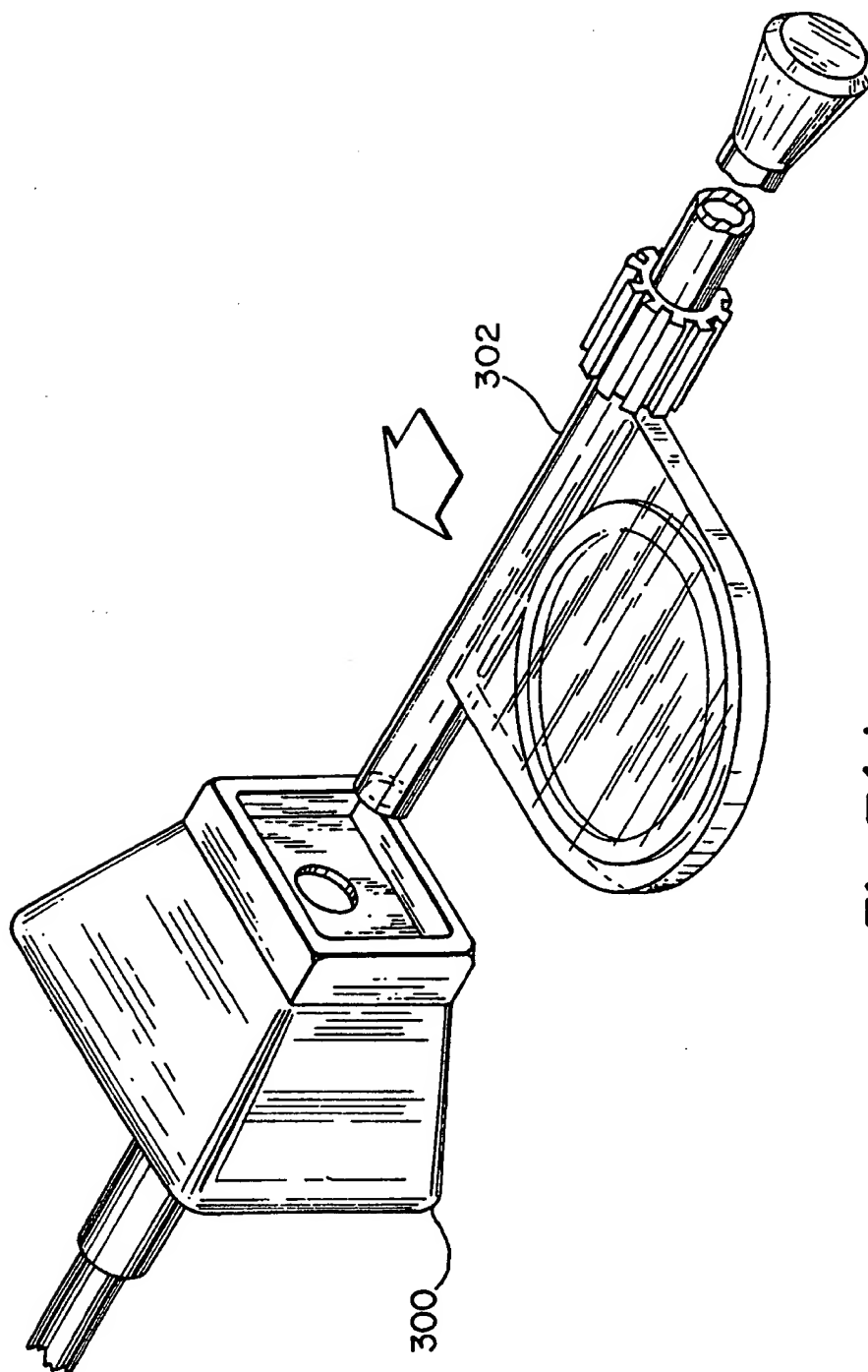


Fig. 7(a)

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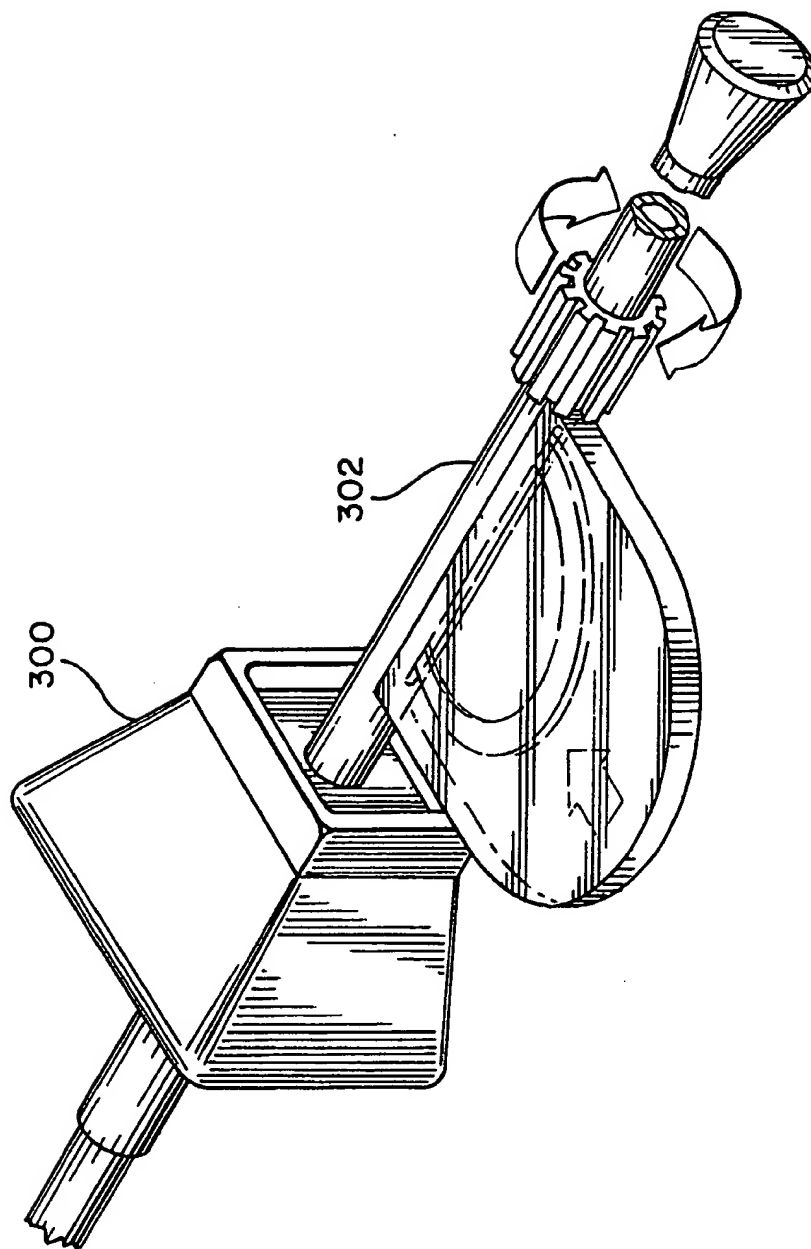


Fig. 7(b)

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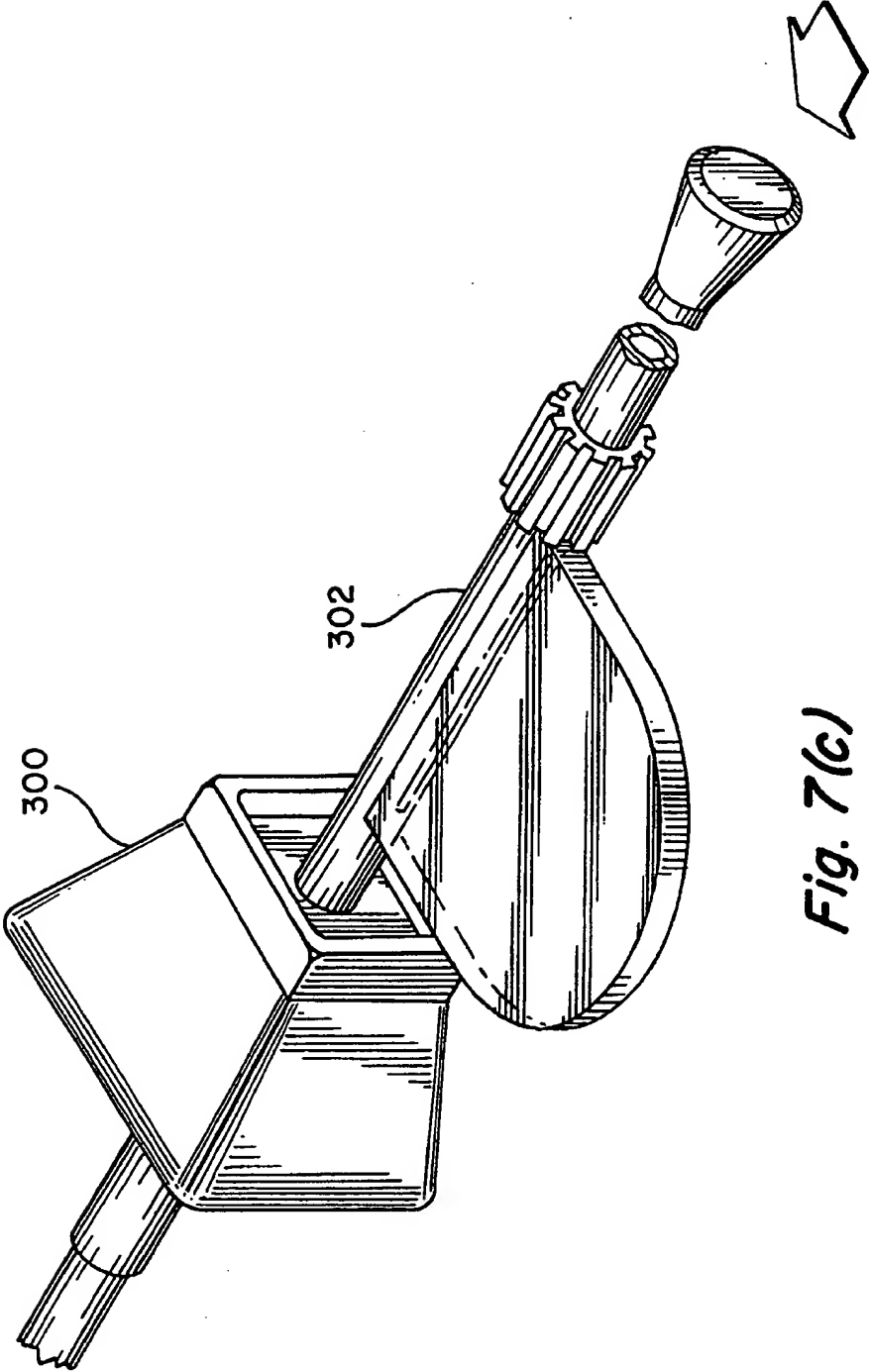


Fig. 7(c)

INTERNATIONAL SEARCH REPORT

International Application No

PCT/US 93/04960

A. CLASSIFICATION OF SUBJECT MATTER

A 61 F 13/00, A 61 B 17/00

According to International Patent Classification (IPC) or to both national classification and IPC

B. FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

A 61 F, A 61 B

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practical, search terms used)

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
A	US, A, 5 116 357 (EBERBACH) 26 May 1992 (26.05.92), claims 1-13; fig. 1-26. --	1, 2, 12, 23, 31, 39, 45-47, 71
A	US, A, 5 122 155 (EBERBACH) 16 June 1992 (16.06.92), the whole document, especially claims 1-6; fig. 1-5. --	1, 2, 12, 23, 31, 39, 45-48, 59- 62, 65, 66, 68, 70-72
A	US, A, 4 347 847 (USHER) 07 September 1982 (07.09.82), the whole document. --	1, 71
A	US, A, 5 061 274 (KENSEY) 29 October 1991	48, 59, 65, 68, 72

☐ Further documents are listed in the continuation of box C.

☐ Patent family members are listed in annex

* Special categories of cited documents:

- * "A" document defining the general state of the art which is not considered to be of particular relevance
- * "E" earlier document but published on or after the international filing date
- * "L" document which may throw doubts on priority claim(s) or which is cited to establish the publication date of another citation or other special reason (as specified)
- * "O" document referring to an oral disclosure, use, exhibition or other means
- * "P" document published prior to the international filing date but later than the priority date claimed

* "T" later document published after the international filing date or priority date and not in conflict with the application but cited to understand the principle or theory underlying the invention

* "X" document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step when the document is taken alone

* "Y" document of particular relevance; the claimed invention cannot be considered to involve an inventive step when the document is combined with one or more other such documents, such combination being obvious to a person skilled in the art.

* "&" document member of the same patent family

Date of the actual completion of the international search

14 June 1994

Date of mailing of the international search report

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Fax (+ 31-70) 340-3016

Authorized officer

MIHATSEK e.h.

INTERNATIONAL SEARCH REPORT

- 2 -

International Application No
PCT/US 93/04960

C.(Continuation) DOCUMENTS CONSIDERED TO BE RELEVANT		
Category *	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
	(29.10.91), claims 1,13; fig. 1-3. --	
A	EP, A1, 0 362 113 (SIDERIS) 04 April 1990 (04.04.90), abstract; fig. 1-6. --	48,59,65,68, 72
A	WO, A1, 90/14 796 (DEMOER) 13 December 1990 (13.12.90), claims 1-3,8; fig. 1-7. ----	48,59,65,68, 72

INTERNATIONAL SEARCH REPORT

International application No.

PCT/US93/04960

Box I Observations where certain claims were found unsearchable (Continuation of Item 1 of first sheet)

This international search report has not been established in respect of certain claims under Article 17(2)(a) for the following reasons:

1. ☒ Claims Nos.: 71
because they relate to subject matter not required to be searched by this Authority, namely:

Remark: Although claim 71 is directed to a chirurgical method of treatment of a human body (article 34(4)(a)(i) with rule 67.1(iv)PCT) the search has been carried out.
2. ☐ Claims Nos.:
because they relate to parts of the international application that do not comply with the prescribed requirements to such an extent that no meaningful international search can be carried out, specifically:
3. ☐ Claims Nos.:
because they are dependent claims and are not drafted in accordance with the second and third sentences of Rule 6.4(a).

Box II Observations where unity of invention is lacking (Continuation of item 2 of first sheet)

This International Searching Authority found multiple inventions in this international application, as follows:

see PCT/ISA/210(extra sheet)

1. ☒ As all required additional search fees were timely paid by the applicant, this international search report covers all searchable claims.
2. ☐ As all searchable claims could be searched without effort justifying an additional fee, this Authority did not invite payment of any additional fee.
3. ☐ As only some of the required additional search fees were timely paid by the applicant, this international search report covers only those claims for which fees were paid, specifically claims Nos.:
4. ☐ No required additional search fees were timely paid by the applicant. Consequently, this international search report is restricted to the invention first mentioned in the claims; it is covered by claims Nos.:

Remark on Protest

- ☐ The additional search fees were accompanied by the applicant's protest.
☐ No protest accompanied the payment of additional search fees.

The application shows two different groups of inventions:

- 1.) Claims 1-47,71(a prosthesis for occluding the opening of a muscle or tissue effect)
- and 2.) Claims 48-70,72(apparatus for loading and delivering a pliable prosthesis into a trocar canula).

But the claims 48-70 and 72 do not fulfill the requirement of unity because there is no evidential technical relationship to the group 1 (claims 1-47). - For a technical relationship it is necessary to show one or more of the same or corresponding special technical features. - However the technical features of the two groups do not show any technical relationship to each other, because the second group does not show any special prosthesis. - Thus the lack of unity is obvious.

ANHANG

zum internationalen Recherchen-
bericht über die internationale
Patentanmeldung Nr.

ANNEX

to the International Search
Report to the International Patent
Application No.

ANNEXE

au rapport de recherche inter-
national relatif à la demande de brevet
international n°

PCT/US 93/04960 SAE 75562

In diesem Anhang sind die Mitglieder
der Patentfamilien der im obenge-
nannten internationalen Recherchenbericht
angeführten Patentdokumente angegeben.
Diese Angaben dienen nur zur Unter-
richtung und erfolgen ohne Gewähr.

This Annex lists the patent family
members relating to the patent documents
cited in the above-mentioned inter-
national search report. The Office is
in no way liable for these particulars
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La présente annexe indique les
membres de la famille de brevets
relatifs aux documents de brevets cités
dans le rapport de recherche inter-
national visée ci-dessus. Les renseigne-
ments fournis sont donnés à titre indica-
tif et n'engagent pas la responsabilité
de l'Office.

In Recherchenbericht angeführtes Patentdokument Patent document cited in search report Document de brevet cité dans le rapport de recherche	Datum der Veröffentlichung Publication date Date de publication	Mitglied(er) der Patentfamilie Patent family member(s) Membre(s) de la famille de brevets	Datum der Veröffentlichung Publication date Date de publication
US A 5116357	26-05-92	AU A1 89347/91 CA AA 2079222 EP A1 519022 US A 5141515 WO A2 9206639 WO A3 9206639 US A 5122155	20-05-92 12-04-92 23-12-92 25-08-92 30-04-92 18-02-93 16-06-92
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